



## Notice of Privacy Practices (“Notice”)

Effective Date: 01/01/2021

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN ACCESS SUCH INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (“PHI”), includes virtually all individually identifiable health information held by or on behalf of the Leidos Health & Welfare Benefits Plan (“Plan”) — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices the Plan follows in offering the benefit programs and services listed below:

- Healthy Focus Basic Plan
- Healthy Focus Essential Plan
- Healthy Focus Advantage Plan
- Healthy Focus Premier Plan
- Leidos Dental PPO Plans
- Leidos Vision Plans
- Health Care Flexible Spending Account
- Leidos Wellbeing Program

These benefit programs and services are administered by various carriers, vendors and service providers, including: Aetna, Delta Dental, Vision Service Plan, Express Scripts, HealthEquity and Virgin Pulse (collectively with other third parties who provide services to the Plan, “Benefit Service Providers”). The Benefit Service Providers may send, receive and store employee PHI on behalf of the Plan to achieve objectives related to health care operations and other purposes as permitted by HIPAA. Benefit Service Providers may continue to send, receive, and store employee PHI for a limited time after they have stopped providing services to the Plan for certain administrative purposes.

### **The Plan's Duties with Respect to Your PHI**

The Plan is required by law to maintain the privacy of your PHI and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your PHI. Such

information is set forth below. If you participate in a fully insured plan option (such as an HMO plan) you will receive a HIPAA notice directly from that entity as a separate insurer.

It's important to understand that this Notice relates to the Plan, not Leidos as an employer — that's the way the HIPAA rules work. Different policies may apply to other Leidos programs or to data unrelated to the Plan's benefits.

### **How the Plan May Use or Disclose Your PHI with Third Parties**

The HIPAA privacy regulations generally allow for the use and disclosure of your PHI without your permission (known as an "authorization") for purposes of health care treatment, payment activities, and health care operations. Here are some examples of such permitted uses or disclosures:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your PHI with physicians who are treating you.
- **Payment** includes activities by the Plan and Benefit Service Providers, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.
- **Health care operations** includes the following activities by this Plan and its Benefit Service Providers, and certain other activities as permitted by HIPAA: wellness and risk assessment programs, quality assessment and improvement activities, improvement in assessing and measuring health outcomes, cost savings objectives, customer service, and internal grievance resolution. Health care operations also include evaluation of the utilization and efficacy of third party benefits-related services, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities and business planning and development. For example, the Plan may use information about your claims to review the effectiveness of Leidos wellness programs. The Plan may also disclose information to Benefit Service Providers about your claims. In addition to any other purposes identified in this Notice, such claims information may be disclosed: 1) to help the Plan evaluate the treatment and prescribing practices of healthcare providers and/or 2) to conduct oversight of Plan performance.

The amount of PHI used or disclosed will be limited to the "minimum necessary" for these purposes, as defined under the HIPAA rules. The Plan, or the Plan Administrator, may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **How the Plan May Share Your PHI with Leidos**

For plan administration purposes, the Plan may disclose your PHI to Leidos without your written authorization to support the health care operations described in the above paragraph, and to administer benefits under the Plan. However, Leidos agrees not to use or disclose your PHI other than as permitted or required by the Plan documents and by law.

Here's how additional information may be shared between the Plan and Leidos, as allowed under the HIPAA rules:

- The Plan, or Benefit Service Providers, may disclose "summary health information" to Leidos, if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, but without participants' names or other identifying information.

The Plan, or Benefit Service Providers, may disclose to Leidos whether an individual is eligible and/or participating in the Plan. Despite the limited circumstances described above, please note that Leidos cannot and will not use PHI obtained from the Plan for any employment-related actions. Please note that this limitation does not apply to health information Leidos collects from other sources, such as health information collected from third parties administering Leidos' workers compensation benefits, disability benefits, and other benefit offerings that are not covered by HIPAA, or health information that Leidos collects to comply with the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation laws (although this type of information may be protected under other federal or state laws).

### **Other Allowable Uses or Disclosures of Your PHI**

In certain cases, the Plan may disclose your PHI without your authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. For example, the Plan may notify such persons of your location, general condition, or death. The Plan may also share this information with public or private entities that are authorized to assist in disaster relief efforts. Unless you are not present, you are incapacitated, or obtaining your consent would interfere with disaster relief efforts by authorized organizations, you will be given the chance to agree or object to these disclosures.

The Plan may also use or disclose your PHI without your written authorization for the following activities:

Activity	Description
<b>Workers' compensation</b>	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws.
<b>Necessary to prevent serious threat to health or safety</b>	Disclosures made in the good-faith belief that releasing your PHI is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody.
<b>Public health activities</b>	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects.
<b>Judicial and administrative proceedings</b>	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process. The Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your PHI that efforts were made to notify you or to obtain a qualified protective order concerning the information.
<b>Law enforcement purposes</b>	Disclosures to law enforcement officials required by law or pursuant to legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan premises.
<b>Research purposes</b>	Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your PHI and treatment of the information during a research project.
<b>Health oversight activities</b>	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which PHI is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws.
<b>Specialized government functions</b>	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates.
<b>HHS investigations</b>	Disclosures of your PHI to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rules.

Except as described in this table, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made.

## **Your Individual Rights**

You have the following rights with respect to your PHI, as maintained by the Plan. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right.

### **Right to be Notified of a Breach**

You have the right to be notified by the Plan or a Benefit Service Provider in the unlikely event of a security breach involving your unencrypted PHI.

### **Right to Request Restrictions on Certain Uses and Disclosures of Your PHI and the Plan's Right to Refuse**

You have the right to ask the Plan to restrict its use and disclosure of your PHI for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You also have the right to request that the Plan not disclose your PHI as described in the "Other Allowable Uses or Disclosures of Your PHI" section above. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for PHI created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose PHI about you if you need emergency treatment, even if the Plan has agreed to a restriction.

### **Right to Receive Confidential Communications of Your PHI**

If you think that disclosure of your PHI by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of PHI from the Plan by alternative means or at alternative locations. For example, if mailing documents containing your PHI to your home could endanger you, the Plan may be able to email these documents or mail them to your work location.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

## **Right to Inspect and Copy Your PHI**

With certain exceptions, you have the right to inspect or obtain a copy of your PHI in a "Designated Record Set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request, the Plan will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have for review of the denial or to file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

If the Plan is unable to provide you with the above information within 30 days, we may extend the timeframe to respond to your request by an additional 30 days. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your PHI, if you agree in advance and pay any applicable fees. The Plan may also charge reasonable fees for copies or postage.

If the Plan doesn't maintain the PHI but knows where it is maintained, you will be informed of where to direct your request.

## **Right to Amend Your PHI that is Inaccurate or Incomplete**

With certain exceptions, you have a right to request that the Plan amend your PHI in a Designated Record Set. A Designated Record Set refers to the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Plan or any records the Plan, or a Benefits Service Provider acting on behalf of the Plan, uses, in whole or in part, to make decisions about Plan participants. The Plan may deny your request for a number of reasons. For example, the Plan may deny your request if the PHI is accurate and complete, is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings). The Plan may also deny your request if the PHI you would like the Plan to amend was created by another entity or person, unless that entity or person is no longer available, such as where the Plan received your PHI from your doctor, but your doctor's office has since permanently closed.

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will:

- Make the amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

### **Right to Receive an Accounting of Disclosures of Your PHI**

You have the right to a list of certain disclosures the Plan has made of your PHI. This is often referred to as an "accounting of disclosures."

If you request an accounting of disclosures, you may receive information on disclosures of your PHI going back for six (6) years from the date of your request. Your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

You do not have a right to receive an accounting of any disclosures made:

- For treatment, payment, or health care operations;
- To you about your own PHI;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a "limited data set" (PHI that excludes certain identifying information)

In addition, we may refuse to provide you with an accounting of the disclosures the Plan has provided to health oversight agencies or law enforcement officials if such agencies or officials direct the Plan to withhold this information.

## **Right to Obtain a Paper Copy of This Notice Upon Request**

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

## **Changes to the Information in This Notice**

The Plan must abide by the terms of the Notice currently in effect. However, the Plan reserves the right to change the terms of this Notice at any time, and to make new provisions effective for all PHI that the Plan maintains. This includes PHI that was previously created or received, not just PHI created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be notified of the changes by e-mail or U.S. Postal Service.

## **Complaints**

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, submit a written request to:

Leidos  
Corporate Benefits Department  
Attn: HIPAA Compliance Department  
1750 Presidents Street  
Reston, VA 20190

For more information on the Plan, its administrator's privacy policies or your rights under HIPAA, contact the HR Services 855-553-4367, option #3.