

Effective Date: January 1, 2025

# **LUCID USA, INC. SELF-FUNDED GROUP HEALTH PLAN(S)**

## **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.**

If you have any questions about this Notice, please contact Lucid USA, Inc. (“Lucid’s”) Human Resources at 650-802-8181 or 7373 Gateway Blvd., Newark, CA 94560.

This Notice describes the medical privacy practices of Lucid USA self-insured group health plan(s) offered by Lucid to its workforce members (collectively, the “Plan”) and the privacy practices of any third party that helps administer the Plan. We are giving you this Notice to inform you of these rights and to comply with a federal law called the Health Insurance Portability and Accountability Act of 1996. This law is also known as “HIPAA.”

### **Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal, and we are committed to protecting that information. As part of that protection, we have created a record of your health care claims under the Plan. This Notice applies to all of the medical records the Plan maintains about you. Your personal doctor or personal health care provider may have different policies or notices regarding the uses and disclosures of your medical information which may have been created by that doctor or health care provider.

This Notice tells you about the ways in which the Plan may use or disclose medical information about you. It also describes the Plan’s privacy obligations to you and your rights regarding the use and disclosure of your medical information.

The Plan is required by HIPAA to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of the Plan’s legal duties and privacy practices with respect to medical information about you;

- follow the terms of this Notice until it is changed. If it is changed, you will receive a copy of the new Notice as long as the Plan keeps personalized health information about you; and
- notify you following a breach of your unsecured protected health information.

### **How the Plan May Use and Disclose Medical Information about You**

The following categories describe different ways that the Plan uses and discloses medical information about you. For each category of uses or disclosures, we will explain what we mean and present some examples. Obviously, we cannot list every possible use or disclosure which exists, but we will try to list the important ones. All of the ways the Plan is permitted to use and disclose information will fall within one of the categories.

**Your Treatment.** The first way the Plan may use or disclose medical information about you is to help you with medical treatment or services. The Plan may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a new prescription could cause health problems because it conflicts with prior prescriptions.

**Payment of Your Claims.** The Plan may use or disclose medical information about you to determine if you are eligible for Plan benefits, to pay for treatment or services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage with other plans. For example, the Plan may tell your health care providers about your medical history to determine if a particular treatment is experimental, investigational, or medically necessary, or to determine if the Plan will cover the treatment. The Plan may also share medical information with a utilization review or precertification service provider. In addition, the Plan may share medical information with another organization to help determine if a claim should be paid or if another person or plan should be responsible for the claim.

**Health Care Operations.** The Plan may use or disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, the Plan may use medical information to conduct quality assessment or improvement activities; to determine the cost of premiums or conduct activities relating to Plan coverage; to submit claims for stop-loss coverage; to conduct or arrange for medical review, legal services, audit services, or fraud and abuse detection programs; and to predict the cost of future claims or manage costs.

**As Required By Law.** The Plan will disclose medical information about you when required to do so by federal, state or local law. For example, the Plan may disclose medical information when required by a court order in a lawsuit such as a malpractice action.

**To Avert a Serious Threat to Health or Safety.** The Plan may use or disclose medical information about you when necessary to prevent a serious threat to your health or safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## Special Situations

**Disclosure to Lucid USA** The Plan may disclose summary health information to Lucid USA, as plan sponsor, if it requests it for the purposes of:

- (A) obtaining premium bids from health plans for providing health insurance coverage under the group health plan; or
- (B) modifying, amending or terminating the group health plan. Plan may also disclose to Lucid USA, as sponsor, information on whether the individual is participating in the group health plan.

**Disclosures to Provide You with Information.** The Plan or its agents may contact you to remind you about appointments or provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Organ and Tissue Donation.** If you are an organ donor, the Plan may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplants, or to an organ donation bank to help with organ or tissue donation.

**Reproductive Health Information.** If the Plan receives a request for protected health information potentially related to reproductive health care, it must obtain a signed attestation that clearly states the requested use or disclosure is not for the prohibited purposes described below, where the request is for PHI for any of the following purposes:

- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement
- Regarding decedents, disclosures to coroners and medical examiners

**Prohibited Purposes.** Covered entities and their business associates may not use or disclose PHI for the following purposes:

- (1) To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- (2) To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- (3) To identify any person for any purpose described in (1) or (2).<sup>9</sup>

**The prohibition applies when** the reproductive health care at issue (1) is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided, (2) is protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided, or

(3) is provided by another person and presumed lawful.

The Plan shall comply with all requirements imposed on business associates under the HIPAA Privacy Rule to Support Reproductive Health Care Privacy promulgated by DHHS, including, but not limited to, the attestation requirement under 45 C.F.R. § 164.509.

**Military and Veterans.** If you are a member of the armed forces, the Plan may release medical information about you as required by the military. The Plan may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** The Plan may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** The Plan may disclose medical information about you for public health purposes. This includes disclosures:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if the Plan believes a patient has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or if required or authorized by law.

**Health Oversight Activities.** The Plan may disclose medical information to a government health agency for activities authorized by law. These activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, government programs, and to comply with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plan may disclose medical information about you in response to a court or administrative order. The Plan may also disclose medical information about you in response to a subpoena, discovery request, or other lawful demand 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 information requested.

**Law Enforcement.** The Plan may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar court papers;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime even if, under certain limited circumstances, the Plan is unable to obtain your agreement;
- about a death the Plan believes may be the result of criminal conduct;
- about criminal conduct that occurred on Lucid USA premises;
- in emergency circumstances to report a crime or the location of a crime or crime victims; or the identity, description or location of the person who committed the crime; or
- as required by law, including laws that require reporting of certain types of wounds or injuries.

**Coroners, Medical Examiners and Funeral Directors.** The Plan may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify someone who has died or to determine the cause of death. The Plan may also release medical information about individuals to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** The Plan may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release medical information about you to the correctional institution or law enforcement official. This release may be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution, among other reasons.

## **Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information the Plan maintains about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To do so, you must submit your request in writing to Lucid USA Benefits Department at 7373 Gateway Blvd., Newark, CA 94560.

The Plan may deny your request to inspect and copy your information in certain circumstances. In most cases, if you are denied access to medical information, you may request that the denial be reviewed.

You have the right to request electronic copies of your medical information if that information is maintained in a designated record set. You also have the right to request that we send the requested information to someone else.

**Right to Amend.** If you feel that medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment of your information as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to Lucid USA Benefits Department at 7373 Gateway Blvd., Newark, CA 94560.

In addition, you must provide a reason that supports your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of the prior disclosures of your health information unless the disclosure was related to treatment, payment or health care operations or as otherwise excepted by 45 CFR 164.528(a). To request this list or accounting of disclosures, you must submit your request in writing to Lucid USA Benefits Department at 7373 Gateway Blvd., Newark, CA 94560.

Your request must state a time period which may not be longer than the prior six years.

Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on medical information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. The Plan is not required to agree to a restriction except when the restricted disclosure is about you to a health plan and (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (ii) the protected health information pertains solely to a health care item or service for which you or a person other than the health plan paid the covered entity in full.

To request restrictions, you must make your request in writing to Lucid USA Benefits Department at 7373 Gateway Blvd., Newark, CA 94560.

In your request, you must tell the Plan (1) what information you want to limit; (2) whether you want to limit the Plan's use or disclosure of this information, or both; and (3) to whom you want the restriction to apply, for example, you don't want information disclosed to your spouse.

**Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. 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 Lucid USA Benefits Department at 7373 Gateway Blvd., Newark, CA 94560.

The Plan will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask the Plan to give you a 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. To obtain a paper copy of this Notice, contact Lucid USA Benefits Department at 650-802-8181 or 7373 Gateway Blvd., Newark, CA 94560.

**Right to Notification Upon Breach.** You have the right to receive a notice from the Plan or its business associate if a breach of your unsecured protected health information occurs.

### **Changes to This Notice**

The Plan reserves the right to change this Notice in the future, and to make the revised or changed Notice effective for medical information the Plan already has about you as well as any information it receives in the future. You will receive a copy of the changed Notice in the same manner that you

received this Notice. The Notice will contain the effective date on the first page in the top right-hand corner.

### **Complaints**

If you believe your privacy rights or the Plan's breach notification policy (if applicable) have been violated, you may file a complaint with the Plan or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the Plan, contact Lucid USA Benefits Department at 7373 Gateway Blvd., Newark, CA 94560.

All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to the Plan will be made only with your written permission. This written permission is called an "Authorization." Most uses and disclosures of psychotherapy notes, uses and disclosures of information for marketing purposes and any sale of medical information require your authorization. If you provide the Plan with an Authorization to use or disclose medical information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, the Plan will no longer use or disclose medical information about you for the reasons covered by your written Authorization. You understand that the Plan is unable to take back any disclosures it has already made with your Authorization, and that the Plan is required by law to retain records of the care that it has provided to you.

The Plan does not use genetic information for underwriting purposes.

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