

## 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.

### PIKE ENTERPRISES, INC. GROUP HEALTH PLANS

Effective as of September 23, 2013

Pike Enterprises, Inc. maintains the following group health plans (each referenced in this Notice as a "Plan") for the benefit of eligible employees and their dependents:

- Medical Plan
- Vision Plan
- Dental Plan
- Health Care Flexible Spending Account

Each Plan is required by law to maintain the privacy of protected health information ("PHI") and to notify individuals covered under the Plan about their legal rights and the Plan's duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related treatment and payment for health care.

This Notice of Privacy Practices ("Notice") describes how the Plans and the Plan Administrator ("we" or "us") may use and disclose PHI to carry out treatment, payment or health care operations and for other purposes permitted or required by law. This Notice is provided jointly for the Plans listed above and applies to each Plan in which you are enrolled.

The Plans are required to follow the terms of this Notice. Except as described in this Notice, we will not use or disclose PHI about you without your written authorization. We reserve the right to change our practices and the terms of this Notice and to make the new Notice effective for all PHI we maintain. If we make a material change to this Notice, we will provide you with a copy of our revised Notice. You may obtain a copy of the latest revised Notice by contacting the Plans' Privacy Official, 100 Pike Way, Mount Airy, North Carolina; telephone 336-719-4212.

### Your Rights

You have the following rights with respect to your PHI maintained by the Plans:

*Receive a copy of this Notice.* You will be given a copy of this Notice when you first enroll in a Plan. If the Notice is materially revised, you will receive a copy of the new Notice, provided you are then covered under the Plan.

*Inspect and copy your PHI.* You have the right to access and copy your PHI contained in a designated record set maintained by or for the Plans, including in electronic form if maintained and reproducible in such form. A designated record set includes, for example, enrollment, payment, claims and case management records maintained by or for the Plans. To inspect or copy your PHI, you must send a written request to the HIPAA Privacy Official at the address indicated at the end of this Notice. We may charge you a fee for the costs of copying and mailing the information. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.

*Amend your PHI.* If you feel the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to the HIPAA Privacy Official at the address indicated at the end of this Notice. You must include a reason that supports your request. In certain cases, we may deny your request for amendment – for example, if the PHI was not created or is not part of the information

kept by the Plan. If we deny your request for amendment, you have the right to file a statement of disagreement and we may give a rebuttal to your statement.

*Receive an accounting of PHI disclosures.* You have the right to receive an accounting of certain disclosures of your PHI. The accounting will exclude disclosures (i) for treatment, payment or health care operations, (ii) made directly to you, (iii) authorized by you, (iv) to family members and other persons involved in your care or payment related to your care, (v) for national security purposes, and (vi) incidental to otherwise permissible disclosures. You must submit your request for an accounting in writing to the HIPAA Privacy Official at the address indicated at the end of this Notice. You may ask for disclosures made for up to six years before your request. The first accounting within a 12 month period will be provided free of charge, but you may be charged for the cost of additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

*Request restriction on certain uses and disclosures of your PHI.* You have the right to request restrictions on how we use your PHI for treatment, payment or health care operations. You also may request limits on disclosures to someone involved in your care or payment of your care (such as a family member). We are not required to agree to your request. You must send a written request for restrictions to the HIPAA Privacy Official at the address indicated at the end of this Notice.

*Request confidential communications.* You have the right to request that we communicate with you regarding your PHI by alternative means or at alternative locations. For instance, you may request that we contact you about certain claims at a different address or a post office box. To request confidential communications of your PHI, you must submit a request in writing to HIPAA Privacy Official at the address indicated at the end of this Notice. We will not ask about the reason for your request. We will accommodate reasonable requests to the extent practicable or if your request states that communicating by the usual means or at the usual location would endanger you.

## **How We May Use and Disclose PHI About You**

Under the law, we may use and disclose your PHI under certain circumstances without your authorization. Following are descriptions and examples of the different ways we may use or disclose PHI. While not all uses and disclosures may be listed, all the different ways we are permitted to use and disclose PHI will generally fall within one of the categories described below.

*For treatment.* While the Plans are not directly involved in treatment, we may use or disclose PHI to facilitate medical treatment or services by your providers. We may receive your PHI from and disclose your PHI to doctors, nurses, technicians, hospitals, laboratories and other providers involved in your treatment. For example, we may disclose information about your prior prescriptions so your pharmacy or pharmacist can determine if a prescription is safe for you to use.

*For payment.* The Plans may use and disclose PHI to make coverage determinations and provide reimbursement for covered health care services. For example, we will use information submitted by your health care providers to determine whether the Plan covers the services provided and the amount of your copayment (if any). And, we will provide you and the health care provider with an explanation of benefits. Or, we may share information about your coverage or the expenses you incurred with another health plan in order to coordinate payment of benefits.

*For health care operations of the Plans.* We may use information in claims records to manage and administer the Plans. We use such information to continually measure and improve the quality and effectiveness of the health care coverage and administrative services provided under the Plan. We also may use PHI to evaluate costs and for underwriting purposes. However, the Plans are prohibited from using or disclosing PHI that is genetic information for underwriting purposes and will therefore not use or disclose such information for underwriting.

*To the Plan sponsor:* We may disclose PHI to Pike in its role as Plan sponsor. Pike may not use and disclose the PHI other than permitted or required by law and must comply with the same restrictions and conditions applicable to the Plans. PHI will be disclosed only to **certain employees in the HR, Benefits, IT and Finance departments** whose job duties involve administrative duties for the Plans and who have been

authorized and trained to use and disclose PHI. These employees will use and disclose PHI exclusively for purposes of carrying out administrative functions of the Plans. Pike and these employees may not use or disclose PHI for employment related-actions or in connection with any other employee benefit plan of Pike.

*To Business Associates:* We may contract with individuals or entities known as “business associates” to perform various functions or services for the Plans. Examples include claims administration, case management, utilization reviews, pharmacy benefits management, COBRA administration, and subrogation. In order to perform these functions or services, business associates may receive, create, maintain, or transmit PHI on behalf of the Plans, but only after they enter into a business associate agreement with the Plans and agree in writing to implement appropriate safeguards to protect the privacy of PHI. Business associates also are legally obligated to protect the security of PHI maintained in electronic media.

*To family members and others involved in your health care or payment for your health care:* Using their professional judgment, Plan representatives may disclose PHI to a member of your family or another person you may designate, to the extent such information is relevant to that person’s involvement in your health care or payment of your health care.

*Worker’s compensation:* We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker’s compensation or similar programs established by law.

The privacy standards also permit us to disclose PHI in the following circumstances:

*Public health:* We may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law enforcement:* We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

*As required by law:* We must disclose PHI about you when required to do so by federal, state or local law.

*Health oversight activities:* We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

*Judicial and administrative proceedings:* If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process from another person involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI.

*National security and intelligence activities:* We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## **Authorization for Other Uses and Disclosures**

The Plans will not use or disclose your PHI for any purpose other than those described above or as otherwise permitted or required by law. For example, the Plans will not disclose PHI for fundraising or marketing purposes without your authorization. You may revoke an authorization in writing at any time. Once we receive your written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

## **Contacting You**

The Plan (or its carriers or third-party administrators) may contact you about treatment alternatives or other health benefits or services that might be of interest to you.

## **Breach Notification**

A breach of PHI means the access, acquisition, use or disclosure of PHI in a manner not authorized under HIPAA, which compromises the security or privacy the PHI. We are required to notify you in the event that we (or a business associate of the Plans) discover a breach of your unsecured PHI. PHI is “unsecured” if it is not encrypted or rendered unusable, unreadable or indecipherable in accordance with methodologies specified by the US Department of Health and Human Services.

## **Complaints**

If you believe your rights have been violated, or that the privacy or security of your PHI has been compromised, you may file a complaint with the Plans’ Privacy Official (at the address listed below) or with the Office of Civil Rights of the US Department of Health and Human Services, We will not take any retaliatory action against you for filing a complaint.

## **For More Information**

If you have questions or would like additional information about the Plan’s privacy practices, you may contact:

**HIPAA Privacy Official**  
Pike Enterprises, Inc.  
100 Pike Way  
P.O. Box 868  
Mount Airy, NC 27030  
Telephone: 336-719-4212