

NOTICE OF PRIVACY PRACTICES
*****SUMMARY*****

A federal law, known as the “HIPAA Privacy Rule,” requires that we explain how we may use and release health information about you. This summary is to give you a basic understanding of what our Privacy Notice contains. For more information, you may read the full Notice that follows this summary. You may also contact our Privacy Official.

You are receiving this Notice from the group health plan(s) (the “Plan”) identified in the line below:

Group Health Plan(s):

Eagle Transport Corporation Health Benefit Plan

The Plan is sponsored by: Eagle Transport Corporation (the Plan Sponsor).

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

We may use and disclose protected health information (“PHI”) to you, to your personal representative, for payment, for certain business activities called “health care operations,” and for the treatment purposes of health care providers. Subject to limitations and conditions that may apply, we may make these uses and disclosures without your consent or authorization. Under certain circumstances, we may disclose PHI to individuals involved in your care or payment for your care.

Some examples of how we may also use and disclose PHI without your authorization include a disclosure: to report abuse, neglect, or domestic violence; to avert a serious threat to health or safety; for public health reasons; for health oversight activities; for lawsuits and other legal proceedings; for research; for specialized government functions such as military or national security purposes; and for workers’ compensation.

YOUR RIGHTS

You have the following rights as described in our Notice:

- Right to ask us if we will agree to more restrictions on our use or disclosure of PHI about you;
- Right to receive confidential communications from us;
- Right to inspect and copy PHI about you;
- Right to ask us to amend PHI about you; and
- Right to request a report about certain types of disclosures (if any) of PHI about you.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services.

End of Summary

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.

Original Effective Date: April 14, 2004

A federal regulation, known as the “HIPAA Privacy Rule,” requires that health plans provide detailed notice in writing of their privacy practices. This Notice is being provided by:

Eagle Transport Corporation Health Benefit Plan.

The plan(s) will be referred to as “the Plan.” The Plan includes health care benefits, making it a health plan covered by the HIPAA Privacy Rule. Benefits other than health care are not covered by the Rule: long-term and short-term disability, accidental death and dismemberment, employee and dependent group term life, and group legal services benefits.

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this Notice, we describe the ways that we may use and disclose health information about health plan participants. The HIPAA Privacy Rule requires that we protect the privacy of health information about you that can be used to identify you. This information is called “protected health information” or “PHI.” This Notice describes your rights as a health plan participant and our obligations regarding the use and disclosure of PHI under HIPAA. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

In some situations, federal and state laws may provide special protections for specific kinds of PHI and may require authorization from you before we can disclose that specially protected PHI. In some situations, these laws do not apply to plan administration activities by group health plans like the Plan. Examples of PHI that is sometimes specially protected include PHI involving mental health, HIV/AIDS, reproductive health, or chemical dependency. We may refuse to disclose the specially protected PHI or we may contact you for the necessary authorization.

As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will provide you with the new Notice by mail within 60 days of the change.

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

A. Uses and Disclosures to You, to Your Personal Representative, and for Treatment, Payment, and Health Care Operations

Subject to the other laws that we discuss later in this Notice, the following categories describe the different ways we may use and disclose PHI to you, to your personal representative, and for treatment, payment, or health care operations without your authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

Disclosures to You: We may disclose to you PHI about you. We may use your personal information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosures to Your Personal Representative: We may make disclosures to your personal representative. Your personal representative is generally someone who has the authority under state law to act on your behalf in making decisions related to your health care. If you are deceased, your personal representative would be the person who has

the authority under state law to act on your behalf or on behalf of your estate.

Treatment: We may use and disclose PHI about you to assist your health care provider in coordinating or managing your health care and related services. For example, we may use or disclose PHI about you to describe and identify the health care providers who are a part of a health care network.

Payment: We may use or disclose PHI to pay or deny your claims, to collect your premiums, or for the payment activities of your health care providers or your other insurer(s). For example, we may use and disclose PHI to tell you whether a particular type of healthcare service is covered under your policy.

Health Care Operations: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve our operations. Health care operations also include things that we do to reduce costs. For example, we may use and disclose PHI about you in health care operations to do the following things:

- Review and improve the quality, efficiency and cost of our operations.
- Improve our methods of payment, coverage policies, or customer service.
- Set premiums or perform certain other activities related to the business of health insurance.
- Improve health care and lowering costs for groups of people who have similar health problems.
- Identify groups of people with similar health problems to give them information, for example, about treatment alternatives and educational classes. We may also use this information to help manage and coordinate the care for these groups of people.
- Provide training programs for non-health care professionals.
- Cooperate with various people who review our activities. For example, PHI may be seen by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Resolve any complaints that you have.
- Assist us in making plans for the Plan's future operations.
- Resolve grievances within our organization.
- Do business planning and development, such as cost-management analyses.
- Do business management and general administrative activities of the Plan, including management of our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Create "de-identified" information that is not identifiable to any individual, and disclose PHI to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.
- Create a "limited data set" of information that does not contain information directly identifying a participant. Our ability to disclose this information to others under limited conditions is discussed later in this Notice.

If a health care provider, company, or other health plan that is required to comply with the HIPAA Privacy Rule also has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, we may use and disclose PHI to do the following things: review and improve the quality, efficiency and cost of services provided to you; provide training programs for non-health care professionals; cooperate with outside organizations that evaluate health plans; and assist with the licensing, certification or credentialing activities of that health care provider, company or other health plan.

B. Other Uses and Disclosures We Can Make Without Your Written Authorization for Which You Have the Opportunity to Agree or Object

We may use and disclose PHI about you in some situations if you do not object after you have been provided an opportunity to do so. However, when you are not present or when we cannot practicably provide you with the opportunity to agree or object because of your incapacity or because of an emergency circumstance, we may, in the exercise of professional judgment, determine whether the disclosure is in your best interests.

Individuals Involved in Your Care or Payment for Your Care: If you do not object after an opportunity to do so, or if you are incapacitated or it is an emergency situation, we may disclose to your family member, close friend, or any other person identified by you, PHI about you that is directly relevant to that person's involvement in your

care or payment for your care. We may also disclose PHI to such persons if you are not present and we determine in our professional judgment that it is in your best interests to make the disclosure. We may also use and disclose PHI necessary to notify these persons of your location, general condition, or death. State laws will vary, but in many states a teenage minor must consent to use or disclosure of PHI related to his or her mental health, chemical dependency, HIV/AIDS, or sexual health. Therefore, the Plan may require the child's authorization before releasing PHI to anyone, including his or her parents.

Disaster Relief: We also may share PHI about you with disaster relief agencies (for example, the Red Cross) for disaster relief purposes.

C. Other Uses and Disclosures We Can Make Without Your Written Authorization or Opportunity to Agree or Object

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Required By Law: We may use and disclose PHI as required by federal, state, or local law to the extent that the use or disclosure complies with the law and is limited to the requirements of the law.

Incidental Disclosures: Disclosures that are incidental to permitted or required uses or disclosures under HIPAA are permissible, so long as we implement safeguards to avoid such disclosures, and we limit the PHI exposed through these incidental disclosures.

Health Plan Sponsor: Under certain conditions, we may disclose PHI to the Plan Sponsor of the Plan. The Plan Sponsor has agreed to protect PHI and only use or disclose it for plan administration purposes and other purposes permitted by the Privacy Rule.

Public Health Activities: We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to qualify, safety, or effectiveness of FDA-regulated products or activities;
- To locate and notify persons of recalls of products they may be using; or
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease.

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a participant has been a victim of domestic violence, abuse, or neglect.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement: Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to person who is able to help prevent the threat.

Specialized Government Functions: Under certain conditions, we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- To help provide protective services for the President of the United States and others;
- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations or for general safety and health related to correctional facilities.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Organized Health Care Arrangements: We may disclose PHI about you for the health care operations of organized health care arrangements in which the Plan may participate. Organized health care arrangements in which the Plan may participate include the organized health care arrangement between the Plan and any health insurance issuer or health maintenance organization (HMO) with respect to PHI created or received by the health insurance issuer or HMO that relates to individuals who are or who have been participants in the Plan. The Plan may also participate in organized health care arrangements with any other health plans that are maintained by the Plan Sponsor. The Plan may also participate in organized health care arrangements with any other health plans of the Plan Sponsor and health insurance issuers or HMOs with respect to those plans.

Disclosures Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you, or someone who has the legal right to act for you, when you request access to PHI or request an accounting of certain disclosures of PHI about you (these requests are described in Section III of this Notice).

Limited Data Set Disclosures: We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or health care operations. This information may only be disclosed for research, public health, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

Business Associates: We may share PHI with other parties called "business associates" who help us with providing services to you. We are required to sign contracts with these business associates that require them to protect PHI.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death or to funeral directors, as authorized by law, so that they may carry out their jobs.

Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to facilitate an organ, eye, or tissue donation and transplantation.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances.

D. Other Uses and Disclosures of Protected Health Information Require Your Authorization

All other uses and disclosures of PHI about you will be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on the authorization.

III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under the HIPAA Privacy Rule, you have the following rights regarding PHI about you.

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency.

To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location if you tell us that the disclosure of all or part of PHI that relates to you could endanger you. For example, you may request that we contact you at home, rather than at work. You must make your request in writing. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate only your *reasonable* requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for the Plan. To make this type of request, you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to Receive an Accounting of Disclosures: You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to 6 years, but these *do not include* disclosures made: for treatment, payment, and health care operations; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and disclosures made before April 14, 2003.

If you wish to make such a request, please contact our Privacy Official identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of

providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Official listed in this Notice.

IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the mailing address, phone number or email address listed below. We will not retaliate or take action against you for filing a complaint.

V. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Official at the mailing address, phone number or email address listed below.

VI. PRIVACY OFFICIAL CONTACT INFORMATION

You may contact our Privacy Official at the following mailing address, phone number or email address:

Ron Thomas
300 S. Wesleyan Blvd. Suite 202
Rocky Mount, NC 27804
252-937-2464
ron.thomas@eagletransportcorp.com

This Notice is effective on **April 1, 2004**.