



**The Monarch Cement Company  
Group Health Plan for Staff Employees  
Group Health Plan for Production Employees**

**Protecting Your Health Information Privacy Rights**

*February 2, 2016*

**The Monarch Cement Company** is committed to the privacy of your health information. The administrators of the Monarch Cement Company Group Health Plan for Staff Employees and Production Employees (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting **Lisa Fontaine, Asst. Secretary** at the Monarch Cement Company, P.O. Box 1000, Humboldt, Ks 66748-0900. The telephone number is 620-473-2222, extension 136. The email address is [lisa.fontaine@monarchcement.com](mailto:lisa.fontaine@monarchcement.com).

Section 164.520 of the HIPAA Privacy Rule (45 CFR 164.520)

# Notice of Health Information Privacy Practices

THE MONARCH CEMENT COMPANY GROUP HEALTH PLAN FOR STAFF EMPLOYEES  
THE MONARCH CEMENT COMPANY GROUP HEALTH PLAN FOR HOURLY EMPLOYEES  
MONARCH CEMENT OF IOWA, INC. GROUP HEALTH PLAN FOR PRODUCTION EMPLOYEES

**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.**

The effective date of this Notice of Health Information Privacy Practices for The Monarch Cement Company Group Health Plan for Staff Employees, The Monarch Cement Company Group Health Plan for Hourly Employees and the Monarch Cement of Iowa, Inc. Group Health Plan for Production Employees (the "Notice") is September 23, 2016.

**The Monarch Cement Company Group Health Plan for Staff Employees, The Monarch Cement Company Group Health Plan for Hourly Employees, and the Monarch Cement of Iowa, Group Health Plan for Production Employees** (the "Plans") provide health benefits to eligible employees and their eligible dependents as described in the summary plan description(s) for the Plans. The Plans create, receive, use, maintain and disclose health information about participating employees and dependents in the course of providing these health benefits.

For ease of reference, in the remainder of this Notice, the words "you," "your," and "yours" refers to any individual with respect to whom the Plans receive, create or maintain Protected Health Information, including employees, retirees, and COBRA qualified beneficiaries, if any, and their respective dependents.

The Plans are required by law to take reasonable steps to protect your Protected Health Information from inappropriate use or disclosure.

Your "Protected Health Information" (PHI) is information about your past, present, or future physical or mental health condition, the provision of health care to you, or the past, present, or future payment for health care provided to you, but only if the information identifies you or there is a reasonable basis to believe that the information could be used to identify you. Protected health information includes genetic health information as protected under the Genetic Information Nondiscrimination Act (GINA) and information of a person living or deceased (for a period of fifty years after the death.)

The Plans are required by law to provide notice to you of the Plans' duties and privacy practices with respect to your PHI, and is doing so through this Notice. This Notice describes the different ways in which the Plans use and disclose PHI. It is not feasible in this Notice to describe in detail all of the specific uses and disclosures the Plans may make of PHI, so this Notice describes all of the categories of uses and disclosures of PHI that the Plans may make and, for most of those categories, gives examples of those uses and disclosures.

The Plans are required to abide by the terms of this Notice until it is replaced. The Plans may change their privacy practices at any time and, if any such change requires a change to the terms of this Notice, the Plans will revise and re-distribute this Notice according to the Plans' distribution process. Accordingly, the Plans can change their terms of this Notice at any time. The Plans have the right to make any such change effective for all of your PHI that the Plans create, receive or maintain, even if the Plans received or created that PHI before the effective date of the change.

The Plans are distributing this Notice, and will distribute any revisions, only to participating employees and retirees and COBRA qualified beneficiaries, if any. If you have coverage under these Plans as a dependent of an employee, retiree or COBRA qualified beneficiary, you can get a copy of the Notice by requesting it from the contact named at the end of this Notice.

Please note that this Notice applies only to your PHI that the Plans maintain. It does not affect your doctor's or other health care provider's privacy practices with respect to your PHI that they maintain.

## RECEIPT OF YOUR PHI BY THE COMPANY AND BUSINESS ASSOCIATES

The Plans may disclose your PHI to, and allow use and disclosure of your PHI by, the Company and Business Associates without obtaining your authorization.

**Plan Sponsor:** The Company is the Plan Sponsor and Plan Administrator. The Plans may disclose to the Company, in summary form, claims history and other information so that the Company may solicit premium bids for health benefits, or to modify, amend or terminate the Plans. This summary information omits your name and Social Security Number and certain other identifying information. The Plans may also disclose information about your participation and enrollment status in the Plans to the Company and receive similar information from the Company. If the Company agrees in writing that it will protect the information against inappropriate use or disclosure, the Plans also may disclose to the Company a limited data set that includes your PHI, but omits certain direct identifiers, as described later in this Notice.

The Plans may disclose your PHI to the Company for plan administration functions performed by the Company on behalf of the Plans, if the Company certifies to the Plans that it will protect your PHI against inappropriate use and disclosure.

**Example:** The Company reviews and decides appeals of claim denials under the Plan. The Claims Administrator provides PHI regarding an appealed claim to the Company for that review, and the Company uses PHI to make the decision on appeal.

**Business Associates:** The Plans and the Company hire third parties, such as a third party administrator (the “Claims Administrator”), to help the Plans provide health benefits. These third parties are known as the Plans’ “Business Associates”. The Plans may disclose your PHI to Business Associates, like the Claims Administrator, who are hired by the Plans or the Company to assist or carry out the terms of the Plans. In addition, these Business Associates may receive PHI from third parties or create PHI about you in the course of carrying out the terms of the Plans. The Plans and the Company must require all Business Associates to agree in writing that they will protect your PHI against inappropriate use or disclosure, and will require their subcontractors and agents to do so, too.

For purposes of this Notice, all actions of the Company and the Business Associates that are taken on behalf of the Plans are considered actions of the Plans. For example, health information maintained in the files of the Claims Administrator is considered maintained by the Plans. So, when this Notice refers to the Plans taking various actions with respect to health information, those actions may be taken by the Company or a Business Associate on behalf of the Plans.

## HOW THE PLANS MAY USE OR DISCLOSE YOUR PHI

The Plans may use and disclose your PHI for the following purposes without obtaining your authorization. And, with only limited exceptions, we will send all mail to you, the employee. This includes mail relating to your spouse and other family members who are covered under the Plans. If a person covered under the Plans has requested Restrictions or Confidential Communications, and if the Plans have agreed to the request, the Plans will send mail as provided by the request for Restrictions or Confidential Communications.

**Your Health Care Treatment:** The Plans may disclose your PHI for treatment (as defined in applicable federal rules) activities of a health care provider.

**Example:** If your doctor requested information from the Plan about previous claims under the Plan to assist in treating you, the Plan could disclose your PHI for that purpose.

**Example:** The Plan might disclose information about your prior prescriptions to a pharmacist for the pharmacist’s reference in determining whether a new prescription may be harmful to you.

**Making or Obtaining Payment for Health Care or Coverage:** The Plans may use or disclose your PHI for payment (as defined in applicable federal rules) activities, including making payment to or collecting payment from third parties, such as health care providers and other health plans.

**Example:** The Plan will receive bills from physicians for medical care provided to you that will contain your PHI. The Plan will use this PHI, and create PHI about you, in the course of determining whether to pay, and paying, benefits with respect to such a bill.

**Example:** The Plan may consider and discuss your medical history with a health care provider to determine whether a particular treatment for which Plan benefits are or will be claimed is medically necessary as defined in the Plan.

The Plans' use or disclosure of your PHI for payment purposes may include uses and disclosures for the following purposes, among others:

- Obtaining payments required for coverage under the Plans
- Determining or fulfilling its responsibility to provide coverage and/or benefits under the Plans, including eligibility determinations and claims adjudication
- Obtaining or providing reimbursement for the provision of health care (including coordination of benefits, subrogation, and determination of cost sharing amounts)
- Claims management, collection activities, obtaining payment under a stop-loss insurance policy, and related health care data processing
- Reviewing health care services to determine medical necessity, coverage under the Plans, appropriateness of care, or justification of charges
- Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services

The Plans also may disclose your PHI for purposes of assisting other health plans (including other health plans sponsored by the Company), health care providers, and health care clearinghouses with their payment activities, including activities like those listed above with respect to the Plans.

**Health Care Operations:** The Plans may use and disclose your PHI for health care operations (as defined in applicable federal rules) which includes a variety of facilitating activities.

**Example:** If claims you submit to the Plan indicate that you have diabetes or another chronic condition, the Plan may use and disclose your PHI to refer you to a disease management program.

**Example:** If claims you submit to the Plan indicate that the stop-loss coverage that the Company has purchased in connection with the Plan may be triggered, the Plan may use or disclose your PHI to inform the stop-loss carrier of the potential claim and to make any claim that ultimately applies.

The Plans' use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following purposes:

- Quality assessment and improvement activities
- Disease management, case management and care coordination
- Activities designed to improve health or reduce health care costs
- Contacting health care providers and patients with information about treatment alternatives
- Accreditation, certification, licensing or credentialing activities
- Fraud and abuse detection and compliance programs

The Plans also may use or disclose your PHI for purposes of assisting other health plans (including other plans sponsored by the Company), health care providers and health care clearinghouses with their health care operations activities that are like those listed above, but only to the extent that both the Plans and the recipient of the disclosed information have a relationship with you and the PHI pertains to that relationship.

The Plans' use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following additional purposes, among others:

- Underwriting (with the exception of PHI that is genetic information) premium rating and performing related functions to create, renew or replace insurance related to the Plans
- Planning and development, such as cost-management analyses
- Conducting or arranging for medical review, legal services, and auditing functions
- Business management and general administrative activities, including implementation of, and compliance with, applicable laws, and creating de-identified health information or a limited data set

The Plans also may use or disclose your PHI for purposes of assisting other health plans for which the Company is the plan sponsor, and any insurers and/or HMOs with respect to those plans, with their health care operations activities similar to both categories listed above.

**Limited Data Set:** The Plans may disclose a limited data set to a recipient who agrees in writing that the recipient will protect the limited data set against inappropriate use or disclosure. A limited data set is health information about you and/or others that omits your name and Social Security Number and certain other identifying information.

**Legally Required:** The Plans will use or disclose your PHI to the extent required to do so by applicable law. This may include disclosing your PHI in compliance with a court order, or a subpoena or summons. In addition, the Plans must allow the U.S. Department of Health and Human Services to audit Plans' records.

**Health or Safety:** When consistent with applicable law and standards of ethical conduct, the Plans may disclose your PHI if the Plans, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or the health and safety of others.

**Law Enforcement:** The Plans may disclose your PHI to a law enforcement official if the Plans believe in good faith that your PHI constitutes evidence of criminal conduct that occurred on the premises of the Plans. The Plans also may disclose your PHI for limited law enforcement purposes.

**Lawsuits and Disputes:** In addition to disclosures required by law in response to court orders, the Plans may disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if certain efforts have been made to notify you of the subpoena, discovery request or other lawful process or to obtain an order protecting the information to be disclosed.

**Workers' Compensation:** The Plans may use and disclose your PHI when authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs.

**Emergency Situation:** The Plans may disclose your PHI to a family member, friend, or other person, for the purpose of helping you with your health care or payment for your health care, if you are in an emergency medical situation and you cannot give your agreement to the Plans to do this.

**Personal Representatives:** The Plans will disclose your PHI to your personal representatives appointed by you or designated by applicable law (a parent acting for a minor child, or a guardian appointed for an incapacitated adult, for example) to the same extent that the Plans would disclose that information to you. The Plans may choose not to disclose information to a personal representative if it has reasonable belief that: 1) you have been or may be a victim of domestic abuse by your personal representative; or 2) recognizing such person as your personal representative may result in harm to you; or 3) it is not in your best interest to treat such person as your personal representative.

**Public Health:** To the extent that other applicable law does not prohibit such disclosures, the Plans may disclose your PHI for purposes of certain public health activities, including, for example, reporting information related to an FDA-regulated product's quality, safety or effectiveness to a person subject to FDA jurisdiction.

**Health Oversight Activities:** The Plans may disclose your PHI to a public health oversight agency for authorized activities, including audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary actions.

**Coroner, Medical Examiner, or Funeral Director:** The Plans may disclose your PHI to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, the Plans may disclose your PHI to a funeral director, consistent with applicable law, as necessary to carry out the funeral director's duties.

**Organ Donation:** The Plans may use or disclose your PHI to assist entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

**Specified Government Functions:** In specified circumstances, federal regulations may require the Plans to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

**Research:** The Plans may disclose your PHI to researchers when your individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established a process to ensure the privacy of the requested information and approves the research.

**Disclosures to You:** When you make a request for your PHI, the Plans are required to disclose to you your medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Plans must also, when requested by you, provide you with an accounting of disclosures of your PHI if such disclosures were for any reason other than Treatment, Payment, or Health Care Operations (and if you did not authorize the disclosure).

## AUTHORIZATION TO USE OR DISCLOSE YOUR PHI

Except as stated above, the Plans will not use or disclose your PHI unless it first receives written authorization from you. If you authorize the Plans to use or disclose your PHI, you may revoke that authorization in writing at any time, by sending notice of your revocation to the contact person named at the end of this Notice. To the extent that the Plans have taken action in reliance on your authorization (entered into an agreement to provide your PHI to a third party, for example) you cannot revoke your authorization.

Furthermore, we will not: (1) supply confidential information to another company for its marketing purposes (unless it is for certain limited Health Care Operations); (2) sell your confidential information (unless under strict legal restrictions) (to sell means to receive direct or indirect remuneration); (3) provide your confidential information to a potential employer with whom you are seeking employment without your signed authorization; or (4) use or disclose psychotherapy notes unless required by law.

Additionally, if a state or other law requires disclosure of immunization records to a school, written authorization is no longer required. However, a covered entity still must obtain and document an agreement which may be oral and over the phone.

### THE PLANS MAY CONTACT YOU

The Plans may contact you for various reasons, usually in connection with claims and payments and usually by mail.

You should note that the Plans may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

## YOUR RIGHTS WITH RESPECT TO YOUR PHI

**Confidential Communication by Alternative Means:** If you feel that disclosure of your PHI could endanger you, the Plans will accommodate a reasonable request to communicate with you by alternative means or at alternative locations. For example, you might request the Plans to communicate with you only at a particular address. If you wish to request confidential communications, you must make your request in writing to the contact person named at the end of this Notice. You do not need to state the specific reason that you feel disclosure of your PHI might endanger you in making the request, but you do need to state whether that is the case. Your request also must specify how or where you wish to be contacted. The Plans will notify you if it agrees to your request for confidential communication. You should not assume that the Plans have accepted your request until the Plans confirm its agreement to that request in writing.

**Request Restriction on Certain Uses and Disclosures:** You may request the Plans restrict the uses and disclosures it makes of your PHI. This request will restrict or limit the PHI that is disclosed for Treatment, Payment, or Health Care Operations, and this restriction may limit the information that the Plans discloses to someone who is involved in your care or the payment for your care. The Plans are not required to agree to a requested restriction, but if it does agree to your requested restriction, the Plans are bound by that agreement, unless the information is needed in an emergency situation. There are some restrictions, however, that are not permitted even with the Plans' agreement. To request a restriction, please submit your written request to the contact person identified at the end of this Notice. In the request please specify: (1) what information you want to restrict; (2) whether you want to limit the Plans' use of that information, its disclosure of that information, or both; and (3) to whom you want the limits to apply (a particular physician, for example). The Plans will notify you if it agrees to a requested restriction on how your PHI is used or disclosed. You should not assume that the Plans have accepted a requested restriction until the Plans confirm their agreement to that restriction in writing. You may request restrictions on our use and disclosure of your confidential information for the treatment, payment and health care operations purposes explained in this Notice. Notwithstanding this policy, the plans will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plans for purposes of carrying out payment or health care operations (and it is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full.

**Right to Be Notified of a Breach:** You have the right to be notified in the event that the plans (or a Business Associate) discover a breach of unsecured protected health information.

**Electronic Health Records:** You may also request and receive an accounting of disclosures of electronic health records made for treatment, payment, or health care operations during the prior three years for disclosures made on or after (1) January 1, 2014 for electronic health records acquired before January 1, 2009; or (2) January 1, 2011 for electronic health records acquired on or after January 1, 2009.

The first list you request within a 12-month period will be free. You may be charged for providing any additional lists within a 12-month period.

**Paper Copy of This Notice:** You have a right to request and receive a paper copy of this Notice at any time, even if you received this Notice previously, or have agreed to receive this Notice electronically. To obtain a paper copy please call or write the contact person named at the end of this Notice.

**Right to Access Your PHI:** You have a right to access your PHI in the Plans' enrollment, payment, claims adjudication and case management records, or in other records used by the Plans to make decisions about you, in order to inspect it and obtain a copy of it. Your request for access to this PHI should be made in writing to the contact person named at the end of this Notice. The Plans may deny your request for access, for example, if you request information compiled in anticipation of a legal proceeding. If access is denied, you will be provided with a written notice of the denial, a description of how you may exercise any review rights you might have, and a description of how you may complain to Plans or the Secretary of Health and Human Services. If you request a copy of your PHI, the Plans may charge a reasonable fee for copying and, if applicable, postage associated with your request.

**Right to Amend:** You have the right to request amendments to your PHI in the Plans' records if you believe that it is incomplete or inaccurate. A request for amendment of PHI in the Plans' records should be made in writing to the contact person named at the end of this Notice. The Plans may deny the request if it does not include a reason to support the amendment. The request also may be denied if, for example, your PHI in the Plans' records was not created by the Plans, if the PHI you are requesting to amend is not part of the Plans' records, or if the Plans determine the records containing your health information are accurate and complete. If the Plans deny your request for an amendment to your PHI, it will notify you of its decision in writing, providing the basis for the denial, information about how you can include information on your requested amendment in the Plans' records, and a description of how you may complain to the Plan or the Secretary of Health and Human Services.

**Accounting:** You have the right to receive an accounting of certain disclosures made of your health information. Most of the disclosures that the Plans make of your PHI are not subject to this accounting requirement because routine disclosures (those related to payment of your claims, for example) generally are excluded from this requirement. Also, disclosures that you authorize or that occurred prior to April 14, 2003 are not subject to this requirement. To request an accounting of disclosures of your PHI, you must submit your request in writing to the contact person named at the end of this Notice. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting to be provided (for example on paper or electronically). The first list you request within a 12-month period will be free. If you request more than one accounting within a 12-month period, the Plans will charge a reasonable, cost-based fee for each subsequent accounting.

**Personal Representatives:** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. The Plans retain discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

## COMPLAINTS

If you believe that your privacy rights have been violated, you have the right to express complaints to the Plans and to the Secretary of the Department of Health and Human Services. Any complaints to the Plans should be made in writing to the contact person named at the end of this Notice. The Plans encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

## CONTACT INFORMATION

The Plans have designated Lisa Fontaine, Assistant Secretary as its contact person for all issues regarding the Plans' privacy practices and your privacy rights. You can reach this contact person at The Monarch Cement Company, P.O. Box 1000, Humboldt, KS 66748-0900. The telephone number is 620-473-2222, extension 136; the fax number is 620-473-2447. The email address is [lisa.fontaine@monarchcement.com](mailto:lisa.fontaine@monarchcement.com).