

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.



Effective Date: January 1, 2005

**Freescale, Inc. Health Plans
NOTICE OF PRIVACY PRACTICES**

General Information About this Notice

Freescale, Inc. continues its commitment to maintain the confidentiality of your private medical information. This notice describes our efforts to safeguard your Protected Health Information (PHI) from improper or unnecessary use or disclosure. ***The policies described in this notice apply only to PHI created or received by or on behalf of the Freescale Health Plans.*** We are providing this notice to you now because a new federal law requires us to distribute summaries of the Health Plans' privacy practices and related legal duties, and your rights in connection with the use and disclosure of your Health Plan information. This summary is subject to the terms of our written privacy policies.

Please note:

- This notice applies to participants in any of the following Freescale "**Health Plans**":
 - Freescale Employee Medical Benefits Plan
 - Freescale Post-Employment Health Benefits Plan
 - Freescale Employee Dental Benefits Plan

- Freescale Pre-Tax Contributions and Health Reimbursement Account Benefits Plan
- The policies described in this notice do not apply to uses and disclosures of your PHI by HMOs or insurance companies that provide benefits under a Health Plan. If you participate in an HMO or an insured benefit option, you will receive another notice from your HMO provider or health insurance issuer.
- Your personal information is also protected by the Freescale standard operating policies and procedures.

The Freescale Health Plans and all Freescale employees involved in the administration of the Freescale Health Plans are bound by the terms of the policies described in this notice. In this notice, when we refer to actions by or obligations of the Health Plans, we are including these Freescale employees who perform Health Plan functions. In addition, all third parties who perform services for the Freescale Health Plans are either subject to Freescale's privacy policies or other policies designed to protect your health information.

What is Protected?

Federal law requires the Health Plans to have a special policy for safeguarding PHI which is received or created in the course of administering the Freescale Health Plans. PHI is health information that can be used to identify you and that relates to:

- your physical or mental health condition;
- the provision of health care to you; or
- payment for your health care.

Examples of PHI include your medical and dental records, your benefit claims, and the Explanation of Benefits ("EOB") sent in connection with payment of your claims.

PHI does **not** include health information obtained by Freescale in another way – for example, if you are hurt in a work accident, if you provide medical records with your request for Family and Medical Leave Act (FMLA) absence, or if you submit a claim for a non-Health Plan benefit (such as disability).

Health Plan Uses and Disclosures of Your PHI

To protect the privacy of your PHI, the Health Plans not only guard the physical security of your PHI, but we also limit the way your PHI is used or disclosed to others. We may use or disclose your PHI in certain permissible ways, as described below. To the extent required by federal health information privacy law, only the minimum amount of your PHI necessary to perform these tasks will be used or disclosed.

- *To determine proper payment of your Health Plan benefit claims.* The Health Plans use and disclose your PHI to reimburse you or your health care providers for covered treatments and services. For example, your diagnosis information may be used to determine whether a specific procedure is medically necessary or to reimburse your doctor for your medical care.

- *For the administration and operation of the Health Plans.* The Health Plans use and disclose your PHI for numerous administrative and quality control functions necessary for their proper operation. For example, the Health Plans may use your claims information for provider fraud and abuse detection activities or to conduct data analyses of benefit utilization.
 - *To inform you or your health care provider about treatment alternatives or other health-related benefits that may be offered under a Health Plan.* For example, the Health Plans may use your claims data to alert you to an available case management program if you become pregnant or are diagnosed with diabetes or liver failure.
 - *To a family member, friend, or other person involved in your health care* if you are present and you do not object to the sharing of your PHI, or in the event of an emergency to the extent such persons are involved in your health care.
 - *To a health care provider if needed for your treatment.* For example, the Health Plans may disclose your prescription information to a pharmacist regarding a drug interaction concern.
 - *To another health plan to determine proper payment of your claim under the other plan.* For example, the Health Plans may exchange your PHI with your spouse's health plan for coordination of benefits purposes.
 - *To another health plan for certain administration and operations purposes.* The Health Plans may share your PHI with another health plan that, or health care provider who, has a relationship with you for quality assessment and improvement activities, to review the qualifications of health care professionals who provide care to you, or for provider fraud and abuse detection and prevention purposes.
 - *For Health Plan design activities or to collect employee premium contributions.* Freescale may use summary or de-identified health information to make Health Plan design decisions. In addition, Freescale may use information regarding your enrollment or disenrollment in a Health Plan for proper collection of your Health Plan premium contributions through payroll deductions.
 - *To comply with an applicable federal, state, or local law,* including workers' compensation or similar programs.
 - *To the U.S. Department of Health and Human Services* to demonstrate our compliance with federal health information privacy law.
 - *For purposes of public safety or national security.*
 - *For public health reasons.* The Health Plans may disclose your PHI to a public health authority for the prevention or control of disease, injury, or disability; to a proper government or health authority to report child abuse or neglect; to report reactions to medications or problems with products regulated by the Food and Drug Administration; to notify individuals of recalls of medication or products they may be using; or to notify a person who may have been exposed to a communicable disease or who may be at risk for contracting or spreading a disease or condition.
 - *To comply with health oversight activities,* such as audits, investigations, inspections, licensure actions, and other government monitoring and activities related to health care provision or public benefits or services.
 - *To report a suspected case of abuse, neglect or domestic violence,* as permitted or required by applicable law.
 - *To respond to an order of a court or administrative tribunal.*
 - *To respond to a subpoena, warrant, summons or other legal request* if sufficient safeguards, such as a protective order, have been requested to maintain your PHI privacy.
 - *To a law enforcement official for a law enforcement purpose.*
 - *To allow a coroner or medical examiner to identify you or determine your cause of death.*
 - *To allow a funeral director to carry out his or her duties.*
 - *To respond to a request by military command authorities* if you are or were a member of the armed forces.
- Certain Freescale employees may access your PHI to perform administrative functions on behalf of the Health Plans. Absent your written permission, however, your PHI will be used or disclosed only as described above.
- Freescale employees will not access your PHI for reasons unrelated to Health Plan administration or design, and **Freescale will not use your PHI for any employment-related reason** without your express written authorization.
- State law may further limit the permissible ways the Health Plans use or disclose your PHI. If your state of residence imposes stricter restrictions that apply to the Health Plans, we will notify you of such restrictions in a separate notice, and our privacy practices will comply with applicable state law.

Authorization Required for Other Uses and Disclosures

Before the Health Plans can use or disclose your PHI for any other purpose, we must obtain your written

authorization. You may revoke your authorization, in writing, at any time. If you revoke your authorization, the

Health Plans will no longer use or disclose your PHI, except as described above (or as permitted by any other authorizations that have not been revoked). However,

please understand that we cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

Your Rights

Federal law provides you with certain rights regarding your PHI. Parents of minor children and other individuals with legal authority to make health decisions for a Health Plan participant may exercise these rights on behalf of the participant, consistent with state law. The Health Plans have created standardized forms to help you to exercise the rights described below.

Right to request restrictions: You have the right to request a restriction or limitation on the Health Plans' use or disclosure of your PHI. For example, you may ask us to limit the scope of your PHI disclosures to a case manager who is assigned to you for purposes of recommending care alternatives for a chronic condition.

Because the Health Plans use your PHI only as necessary to pay Health Plan benefits, to administer the Health Plans, and to comply with the law, it may not be possible to agree to your request. The Health Plans are not required to agree to your request for restriction.

However, if the Health Plans do agree to your requested restriction or limitation, the restriction will be honored until you agree to terminate the restriction or until the Health Plans notify you that the Health Plans are terminating the restriction on a going-forward basis.

When making such a request, you must specify:

- the PHI you want to limit;
- how you want the Health Plans to limit the use, disclosure, or both of that PHI; and
- to whom you want the restrictions to apply.

Right to receive confidential communications: You have the right to request that the Health Plans communicate with you about your PHI at an alternative address or by alternative means if you believe that communication through normal methods could endanger you. For example, you may request that the Health Plans contact you only at work and not at home.

Your request for confidential communications must be in writing. The Health Plans will accommodate all reasonable requests if you clearly state that you are requesting the confidential communication because you feel that disclosure in another way could endanger your safety. Your request must specify how or where you wish to be contacted.

Right to inspect and copy your PHI: You have the right to inspect and copy your PHI that is contained in records that the Health Plans maintain for enrollment, payment, claims determination, or case or medical management activities, or used to make enrollment, coverage, or payment decisions about you.

To exercise these rights, you should use the appropriate request form available upon request from Member Services at: (

(512) 895-7888

Send all completed request forms to Freescale at:

**Freescale Member Services
6501 William Cannon Drive West OE331
Austin, TX 78735**

Fax: (512) 895-3555

However, the Health Plans will not give you access to PHI records created in anticipation of a civil, criminal or administrative action or proceeding. The Health Plans will also deny your request to inspect and copy your PHI if a licensed health care professional hired by the Health Plans has determined that giving you the requested access is reasonably likely to endanger the life or physical safety of you or another individual, or to cause substantial harm to you or another individual, or that the record makes references to another person (other than a health care provider) and that the requested access would likely cause substantial harm to the other person.

In the unlikely event that your request to inspect or copy your PHI is denied, you may have that decision reviewed. A different licensed health care professional chosen by the Health Plans will review the request and denial, and we will comply with the health care professional's decision.

Your request for access must be in writing. We may charge you a fee to cover the costs of copying, mailing, or other supplies directly associated with your request. You will be notified of any costs before you incur any expenses.

Right to amend your PHI: You have the right to request an amendment of your PHI if you believe the information the Health Plans have about you is incorrect or incomplete. You have this right as long as your PHI is maintained by the Health Plans. The Health Plans will correct any mistakes if we created the PHI or if the person or entity that originally created the PHI is no longer available to make the amendment.

Your request for amendment must be in writing. Be sure to include evidence to support your request because the

Health Plans cannot amend PHI that the Health Plans believe to be accurate and complete.

Right to receive an accounting of disclosures of PHI:

You have the right to request a list of certain disclosures of your PHI by the Health Plans. The accounting will not include:

- disclosures necessary to determine proper payment of benefits or to operate the Health Plans;
- disclosures of your own PHI that we make to you;
- disclosures permitted by your authorization;
- disclosures to friends or family members made in your presence or because of an emergency;
- disclosures for national security purposes; or
- disclosures made before April 14, 2003 or more than six years before your request.

Your first request for an accounting within a 12-month period will be free. The Health Plans may charge you for costs associated with providing you additional accountings. You will be notified of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses.

When making a request for an accounting, you must specify

- the time period for the accounting; and
- the form (e.g., electronic, paper) in which you would like the accounting.

Right to file a complaint: If you believe your rights have been violated, you should let the Health Plans know immediately. Steps will be taken to remedy any violations of the Health Plans' privacy policy or of this notice.

You may file a formal complaint with the Health Plans Privacy Officer at the address listed below, and/or with the United States Department of Health and Human Services at:

**U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201**

<http://www.hhs.gov/ocr/hipaa/>

You should attach any documents or evidence that supports your belief that your privacy rights have been violated. Your complaints are taken very seriously. **Freescale prohibits retaliation against any person for filing such a complaint.**

Additional Information About This Notice

Changes to this notice: We reserve the right to change the Health Plans' privacy practices as described in this notice. Any change may affect the use and disclosure of your PHI already maintained by the Freescale Health Plans, as well as any of your PHI that the Health Plans may receive or create in the future. If there is a material change to the terms of this notice, you will automatically receive a revised notice.

No guarantee of employment: This notice does not create any right to employment for any individual, nor

does it change Freescale's right to discharge any of its employees at any time, with or without cause.

No change to Health Plan benefits: This notice explains your privacy rights as a current or former Health Plan participant. The Health Plans are bound by the terms of this notice as they relate to the privacy of your protected health information. However, this notice does not change any other rights or obligations you may have under the Health Plans. You should refer to the Health Plan documents for additional information regarding your Health Plan benefits.

CONTACT INFORMATION:

If you have any questions regarding this Notice, or to file a complaint with the Health Plans, please contact:

**Freescale
Privacy Office
6501 William Cannon Dr.
MD OE331
Austin, Texas 78735**

Ph: (512) 895-7888

Fax: (512) 895-3555

E-Mail: R17872@freescale.com

TO OBTAIN A COPY OF THE CURRENT NOTICE:

You can obtain a copy of the current notice by contacting Freescale @ (512) 895-8675. The current notice is also available on the intranet at:

<http://summit.freescale.net/>