

Employee Benefit Program of Bank of Montreal/Harris

Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

To administer the health program, BMO Financial Corp. (BMO) needs certain information about you and keeps this information confidential. Your confidential information is protected through processes and procedures built into our program administration and in accordance with applicable privacy laws. A federal law, known as HIPAA, requires that we give you this Notice of Privacy Practices, which outlines our privacy practices, our legal responsibilities and your rights regarding your confidential information. This notice first became effective on April 14, 2003 and was last updated effective October 1, 2020.

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.

HIPAA sets forth standards that apply only to group health plans. Where the term “Plan” is used in this notice, it means all of the plans listed unless we say otherwise. These plans may also share health information for purposes of treatment, benefit payments or health care operations. If you participate in the vision plan, you will receive a privacy notice from that plan or its insurer. The Plans noted below will abide by the current terms of this notice.

- Consumer Choice Plan – UnitedHealthcare
- Consumer Choice Plan – BCBS
- Express Scripts (Prescription Drug)
- Delta Dental PPO Plan
- Health Care Flexible Spending Accounts
- Employee Assistance Program
- Retiree Medical Plans

How the Plan may Use or Disclose your Health Information

The HIPAA privacy rules generally allow the Plan to use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations.

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Plan may use medical information about you in order to verify whether a treatment is considered eligible for claim reimbursement.*
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as “behind the scenes” plan functions such as risk adjustment, collection, or reinsurance. *For example, the*

Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.

- **Health care operations** includes activities by this Plan (and in limited circumstances other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. *For example, the Plan may use health information for stop-loss claims administration.*
- **To share your health information with BMO**
The Plan may disclose your health information to certain employees or other individuals as necessary for them to carry out their responsibilities in administering the Plan. BMO is not permitted to use your health information received from the Plan for employment-related actions and decisions.
- **To Comply with the Law**
The Plan may use and disclose your health information to the extent required by applicable law.

Other Allowable Uses or Disclosures of your Health Information

- **Workers' Compensation:** disclosures to Workers' Compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws.
- **Health or Safety:** disclosures to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- **Health Oversight Activities:** disclosures to a government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs such as Medicare or Medicaid, or other regulatory programs for which health information is necessary for determining compliance.
- **Public Health Activities:** disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control a disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or products.
- **Judicial and Administrative Proceedings:** disclosures in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- **Law Enforcement Officials:** disclosures to the police or other law enforcement officials as required by law or in compliance with a court order or other process authorized by law.
- **Specialized Government Functions:** disclosures to units of the government with special functions, such as the U.S. military or the U.S. Department of State.

Disclosures to Others involved in your Health Care

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made, for example if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

Uses and Disclosures that require your Written Authorization

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the privacy rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

Your Individual Rights

You have the following rights with respect to your health information the Plan maintains. To exercise any of these rights, please contact Human Resources Centre at 1-888-927-7700.

- **Right to Request Additional Restrictions**

You may request the Plan to restrict the use and disclosure of your health information for treatment, payment or health care operations, except for uses or disclosures required by law. While the Plan will consider all requests for additional restrictions carefully, it is not required to agree to a requested restriction.

- **Right to Receive Confidential Communications**

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

- **Right to Inspect and Copy Your Health Information**

You may request access to your health information that the Plan maintains. Under limited circumstances, the Plan may deny you access to a portion of your records. If you request copies, the Plan may charge you reasonable fees for copying and mailing costs.

- **Right to Amend Your Records**

You have the right to request that the Plan amend your health information maintained in your records. The Plan will comply with your request unless special circumstances apply. If your physician or other health care provider created the information that you desire to amend, you should contact your provider to amend the information.

- **Right to Receive an Accounting of Disclosures**

You have the right to a list of certain disclosures ("accounting") the Plan has made of your health information. The accounting will not include disclosures of your health information made in accordance with federal law; to carry out treatment, payment or health care operations activities; to you about your own health information; where authorization was provided; for national security or intelligence purposes; or to correctional institutions or law enforcement officials. If you request this accounting more than once in a 12-month period, we may charge a reasonable fee.

- **Personal Representatives**

You may exercise your rights through a personal representative who will be required by the Plan to produce evidence of his or her authority to act on your behalf. Proof of authority may be made by a notarized power of attorney, a court order of appointment as your legal guardian or conservator, or if you are the parent of a minor child. The Plan reserves the right to deny access to your personal representative.

Breach

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.

Right to Receive a Paper Copy of this Notice

Upon request, you may obtain a copy of this Notice. Please contact the Human Resources Centre at 1-888-927-7700.

This Notice is Subject to Change

The Plan may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all of your health information that the Plan maintains, including any information created or received prior to issuing the new notice. The new notice will be provided to you and will be posted online.

Contact Information

If you would like further information about your privacy rights, are concerned that the Plan has violated your privacy rights or disagree with a decision that the Plan made about access to your health information, please contact a member of the BMO Benefits department at 1-262-827-2855. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The Plan will not retaliate against you if you file a complaint with it or the Secretary.

Privacy Officer for the Plan

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