

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 April 14, 2003

If you have any questions about this notice, please contact

The ASIFlex Privacy Officer

PO Box 6044

Columbia MO 65205-0858

asi@asiflex.com

We create a record of the health care claims made and reimbursed under the Plan for Plan administration purposes. We also create records regarding your enrollment in the Plan and premiums you pay to the Plan. This notice applies to all of the medical records we maintain.

The ways in which we may use and disclose medical information about you are included in this notice. It also describes our obligations and your rights regarding the use and disclosure of medical information. By law we are required to:

- make sure that medical information that identifies you is kept private;

- give you this notice of our legal duties and privacy practices with respect to medical information about you; and

- follow the terms of the notice that are currently in effect.

We may use and disclose medical information about you in the following ways. We have included some examples as well. Not

every use or disclosure in a category is listed. All of the ways we are permitted to use and disclose information fall within one of these categories.

For Payment

We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may use medical information to determine if specific services qualify for payment under the Plan.

For Health Care Operations

We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with legal services, audit services, and fraud and abuse detection programs; business planning and development; and business management and general Plan administrative activities.

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, the health and safety of someone else, or the health and safety of the public. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical

information about you in a proceeding regarding the licensure of a physician.

Disclosure to Health Plan Sponsor

Information may be disclosed to another health plan maintained by your employer for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to designated personnel of your employer solely for purposes of administering benefits under the Plan or for enrollment purposes. We also may disclose summary health information to your employer for the purpose of obtaining bids regarding the Plan, and modifying or terminating the Plan.

Organ and Tissue Donation

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose medical information about you for public health activities. These activities generally include the following:

- Prevention or control disease, injury or disability;
- reporting births and deaths;
- reporting child abuse or neglect;
- reporting reactions to medications or problems with products;
- notifying people of recalls of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- notifying the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

We may disclose medical information about you in response to a court or administrative order involving a lawsuit or a dispute in which you are involved. We may also disclose medical information

about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

in response to a court order, subpoena, warrant, summons or similar process;

to identify or locate a suspect, fugitive, material witness, or missing person;

about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's *

agreement;

about a death we believe may be the result of criminal conduct; and

in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to your Employer's Privacy Officer. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend

You may ask us to amend your medical information if you feel the information we have is incorrect or incomplete,. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be

made in writing and submitted to ASIFlex's Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

is not part of the medical information kept by or for the Plan;

was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

is not part of the information which you would be permitted to inspect and copy; or

is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, health care operations, or pursuant to an authorization from you. You must submit your request in writing to ASIFlex's Privacy Officer. 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 list (for example, paper or electronic). The first list you request within a 12-month period will be free. We may charge you for the costs of providing additional lists. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to

request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. You must make your request in writing to your Employer's Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to your ASIFlex's Privacy Officer. You will not need to provide us the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive notices from us electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.asiflex.com. Contact the ASIFlex Privacy Officer to obtain a paper copy of this notice.

Changes to This Notice

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

We will post a copy of the current notice on the Plan website. The notice will contain the effective date on the first page.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with ASIFlex or with your Employer. To file a complaint with ASIFlex, contact the ASIFlex Plan Privacy Officer at PO Box 6044, Columbia, MO, 65205-6044 or by email at asi@asiflex.com. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will not be made. This includes disclosure of information to your spouse or any other member of your family unless that person has been designated your personal representative under applicable law and is able to act on your behalf in making decisions related to health care and such designation has been made to us in writing.