

Notice of Privacy Practices

Fairview employee group health plans

Effective date: January 1, 2026

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.

A message from Fairview:

As an employer and a health care provider, Fairview takes its responsibility to ensure privacy seriously. Fairview sponsors several self-funded group health plans for its employees. Federal regulations regarding the privacy of health information require that Fairview protect the health and claims information of its covered employees and family members. As the sponsor of these health plans, we have documented how we will use and protect the health information and billing information associated with the health plans and the employee assistance program. The following information is Fairview's group health plans' Notice of Privacy Practices. It describes how Fairview uses and protects your information and it also includes a description of your rights related to your health and billing information.

We are required to provide you with this information; no action is required on your part. If you have any questions about this notice, please contact the Privacy Official in the Fairview privacy office at 612-672-5647.

This notice is for the employees of Fairview Health Services, Fairview Pharmacy Services LLC, Fairview Foundation, Fairview Physician Associates Network, Fairview Maple Grove Surgery Center LLC, and Fairview Pharmacy Solutions. Collectively for purposes of this notice, all of these employers are referred to as "Fairview". Since these entities are all part of the Fairview system, they co-sponsor various employee benefit plans for the benefit of their employees. Some of these plans are self-insured plans and fall under the definition of "Group Health Plans" under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations. The regulations address the privacy requirements related to the use of protected health information by the Group Health Plans themselves. Fairview has always worked hard to protect the privacy of your health information. The HIPAA Privacy Regulations require that the Group Health Plans send you this notice explaining how they use, disclose and protect your medical or health information.

This notice does not apply to Fairview in its capacity as a provider of health care services. A separate Notice of Privacy Practices applies to Fairview in its capacity as a health care provider and may be obtained on the Fairview web site at www.fairview.org, or by contacting the Fairview facility where you receive care.

For purposes of this notice, your "medical information" or "health information" is information that identifies you and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present, or future payment for health care furnished to you. The terms "we" or "our" in this notice refers to the eight Group Health Plans listed below.

GROUP HEALTH PLANS COVERED BY THIS NOTICE

The following Fairview benefit programs or plans are considered Group Health Plans under HIPAA and are covered by this notice:

- Fairview Health Services Welfare Benefit Plan
- Fairview Health Services Cafeteria Plan (Spending and Savings Accounts)
- Fairview Health Services Employee Assistance Program

GROUP HEALTH PLAN ADMINISTRATORS

The Group Health Plans themselves do not have employees. Therefore either Fairview employees or a third party administrator must administer the plans. Currently, for example, Medica and Delta Dental respectively are the third party administrators for the medical and dental plans within the Welfare Benefit Plan. Third party administrators administer the plans in a way similar to the way that a commercial health insurance company would administer an insured health insurance plan. We have provisions in our contracts with the third party administrators requiring them to keep your health information confidential. When Fairview employees are conducting plan administration functions on behalf of the group health plans, they are acting as an administrator of the Group Health Plan. Fairview employees who perform services to administer these group health plans are in the Fairview Total Rewards Department and the Employee Service Center (ESC). The Employee Assistance Program (EAP) does not have a third party administrator and is administered internally by the EAP Department. These Group Health Plan administrators keep your health information separate and do not share it with other Fairview departments except in very limited cases as described in this document. As of April 14, 2003, the Group Health Plan documents have been amended to include the provisions required by HIPAA.

FAIRVIEW'S COMMITMENT TO PRIVACY

One way to view Fairview is to divide it into three parts: Fairview the Provider, Fairview the Employer, and Fairview the Group Health Plan. Long before HIPAA was created, Fairview recognized these three separate functions and created policies, procedures, segregation of duties, employee training and other controls so that the medical or health information received by one of these functions is not shared with the other functions in violation of the law. These protections are in place for all of Fairview's benefit plans, not just the plans

listed above. For example, Fairview's Human Resource Departments cannot access the medical record created for you as a Fairview patient without your authorization. In addition, the Fairview Total Rewards Department, ESC and EAP Department records and processes are separate from each other and from the rest of the Human Resources Department records and processes.

FEDERAL LAWS REGARDING PRIVACY

We are required by applicable federal law to maintain the privacy of your health information and we will notify you if there is a breach of your health information. Federal law (HIPAA) requires us to provide you with this notice of our legal duties and privacy practices with respect to your medical information. If you have any questions about this notice, please contact the Fairview Privacy Official at 612-672-5647.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change this Notice of Privacy Practices at any time and for any reason. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. A copy of our most current Notice of Privacy Practices will be posted in Fairview Human Resources Departments, on the Fairview intranet – mnfhs.sharepoint.com/sites/Intranet, and on our public website – www.fairview.org.

FAIRVIEW SPONSORSHIP OF GROUP HEALTH PLANS

Because these group health plans are all sponsored by Fairview, they are a part of an organized health care arrangement. Except for the Employee Assistance Program, this means that these group health plans may share your health information with each other as needed for the purposes of payment and health care operations, as described below. The Employee Assistance Program, however, does not share health information with the other group health plans.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give an example. All of the ways we are permitted to use and disclose information will fall within one of the categories. However, not every specific use or disclosure in a category will be listed.

Payment: Our third party administrators (Delta Dental and Medica) will use your health information to pay claims from providers for any treatment and services provided to you that are covered by the Group Health Plans. The information on or accompanying a claim may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Fairview has contracted with VIA Benefits to administer the pre-tax medical spending accounts for its employees (see Business Associates section below for more information about this contract). VIA Benefits will use the health information and claims information you submit to process reimbursement from your pre-tax medical spending account.

Payment also includes using or disclosing health information to make determinations on disputed claims, to determine eligibility for benefits, and to coordinate benefits.

- For example, claims information may be shared with the responsible party / guarantor of the claim as necessary to obtain payment on a claim.

Payment also includes making determinations regarding cost sharing and responsibility for paying a claim or obtaining reimbursement, examining health necessity and conducting utilization review.

- For example, you may have a question regarding the payment of a claim. We may need to access your claim information to assist in answering questions necessary to ensure the payment of the claim.

When we say we use your health information for payment purposes, the "we" we are talking about is our third party administrators or selected employees in Fairview's benefits department and ESC.

The Employee Assistance Program does not pay claims so it does not use your health information for payment purposes.

Health Care Operations: We may use and disclose health information for our business functions and activities. Our business functions and activities include, among other things, engaging in care coordination and case management, rating risk, determining premiums, auditing and detecting fraud and abuse and conducting quality assessments and improvement activities. These uses and disclosures are necessary to facilitate the operation of the group health plans and to make sure that all of our members receive quality care.

- For example, for our Medication Therapy Management program uses pharmacy claims information to help individuals manage their medications better.

Plan Sponsor: Health information may be disclosed to or used by Fairview, as the Plan Sponsor of the group health plans as described in this document. Fairview will not use or disclose your health information maintained by its Group Health Plans for any employment-related functions. For a more detailed explanation of the limited ways that Fairview, as Plan Sponsor, may use or disclose your health information when providing plan administration functions (with

the exception of EAP which does not disclose PHI to the plan sponsor), you should refer to the plan document applicable to each group health plan.

- For example, high level information (no patient names) would be given to Fairview as a plan sponsor for purposes of monitoring large claims.

Business Associates: To administer the plans we may hire third parties such as third-party administrators, auditors, attorneys, consultants and the like. When we contract for services to assist in our business operations, health information may be disclosed to or used by our business associates so that they can perform their jobs. To protect your health information, we enter into a contract that limits each business associate's ability to use and disclose health information and requires them to appropriately safeguard the health information of plan participants.

- For example, Medica, Delta Dental, ClearScript, and VIA Benefits are business associates of some of our Group Health Plans and receive your health information to perform the services offered by the Group Health Plans. The Employee Assistance Program has a contract with a third party to provide assistance to Fairview employees who work in or assist the Employee Assistance Program, allowing those employees to confidentially seek assistance, if necessary.

Communication with Your Family: We may disclose health information to a family member, other relative, person authorized by law, close personal friend or any other person you identify as involved in your care or payment related to your care. Except as authorized by law, we only do this when we understand that you want us to communicate with these people. Only health information relevant to that person's involvement in your care or payment related to your care will be disclosed. You can restrict this activity at any time. The Employee Assistance Program only communicates with your family members with your authorization or if required by law. If you are incapacitated or in the event of an emergency, we will exercise our professional judgment to determine whether a disclosure of this type is in your best interest.

Health Education: We (or our Business Associates) may use health information to contact you about treatment alternatives or other health related benefits and services that may be of interest to you. This does not apply and would not be done for those who have received services from the Employee Assistance Program.

Judicial or Administrative Proceedings: We will disclose health information in response to a court or administrative order, and in response to subpoena, discovery request or other lawful process if certain conditions are met and we receive the required assurances.

As Required by Law: Your health information may be disclosed if such disclosure is required by law (e.g., to federal governmental agencies, such as the Department of Health and Human Services for the purpose of determining compliance with HIPAA privacy rules; or to other appropriate authorities to lessen a serious and imminent threat to the health or safety of you or the public, including abuse of a vulnerable adult or child, subject to certain limitations and conditions).

Parents of Minors: Health Information of a minor child, in most cases, will be disclosed to a parent or guardian of that minor, subject to certain limitations imposed by Minnesota law.

Workers' Compensation: Your health information may be used to the extent authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs. EAP would not release any information without your written authorization.

Your Authorization: We are required to disclose your health information to you upon your request as described in the "Your Rights Regarding Health Information" below. To use or disclose your health information for reasons other than the categories listed above, we must obtain a signed written authorization from you. You may provide us with written authorization to use or disclose your health information to anyone for any purpose specified in the authorization. You may revoke such authorization in writing at any time. You should be aware, however, that such revocation will not impact any uses or disclosures that occurred while your authorization was in effect.

Other Uses of Health Information: Other uses and disclosures of health information not covered by this notice of the laws that apply to use will be made only with your written permission. Your written authorization also is required prior to any use or disclosure of your health information for marketing purposes or for any disclosure of your health information that is a sale of that information. We will also ask for your permission to disclose any psychotherapy notes we maintain related to services you have received. We will not use or disclose genetic information for underwriting purposes.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

This section describes your rights regarding the health information we maintain about you. All requests relating to any of the rights described in this section must be made in writing. Unless otherwise specified, your written requests relating to the Employee Assistance Program must be submitted to:

Fairview Health Services
Employee Assistance Program
Program Director
20 Lake St N #210
Forest Lake, MN, 55025

Unless otherwise specified, your written requests relating to a Pre-Tax Medical Spending Account must be submitted to:

VIA Benefits, Accounts
Customer Care
P.O. Box 981919
El Paso, TX 79998

Unless noted otherwise below, your written requests relating to any other group health plan must be submitted to:

Fairview Health Services
Total Rewards Department
1700 University Ave W
St. Paul, MN 55104

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. Your request must include a reason to support the requested amendment. You will be notified in writing if your request is denied. If your request is denied, you have the right to submit a written statement disagreeing with the denial, which will be appended or linked to the health information in question.

Right to an Accounting of Disclosures: You have the right to request a list of the disclosures of your health information, if any, we or our Business Associates have made other than for treatment, payment, health care operations and certain other limited purposes. Your request must state a time period, which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. Federal law states that we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. 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 health 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. We will not ask you 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 Inspect and Copy: You have the right to inspect and copy your health information. If you request a copy of the information, 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 health information in certain very limited circumstances. If you are denied access to health information, you will receive a written denial and you may request that the denial be reviewed. Another individual chosen by us will review the denial of your request. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

To inspect or request copies of claim information for Group Health Plans administered by Medica, direct your request to:

Medica Customer Service
877-394-9102

To inspect or request copies of claim information for the Group Health Plans administered by Delta Dental, direct your request to:

Delta Dental Plan of Minnesota
Metro Area: 651-406-5916
Toll Free: 1-800-553-9536

To inspect or request copies of claim information for other Group Health Plans (EAP and Pre-Tax Medical Spending Account), refer to the contact information listed in the previous section entitled "Your rights regarding your health information."

Right to a Paper Copy of This Notice: You may request a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. You may obtain a copy of this notice on our intranet website, mnfhs.sharepoint.com/sites/intranet, or on our public website, www.fairview.org. To obtain a paper copy of this notice, you may contact:

Fairview Health Services
Corporate Privacy Office
2450 Riverside Ave
Minneapolis, MN, 55454.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You may call the Fairview Privacy Official at 612-672-5647 to discuss your complaint, ask questions or obtain the contact information for the Department of Health and Human Services. You will not be penalized for filing a complaint. All complaints made to us must be in writing and sent to:

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