

NOTICE OF PRIVACY PRACTICES
WINDSTREAM COMPREHENSIVE PLAN OF GROUP INSURANCE
WINDSTREAM RETIREE MEDICAL PLAN

Revised effective October 26, 2016

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.

This is your Notice of Privacy Practices from the Windstream Comprehensive Plan of Group Insurance and the Windstream Retiree Medical Plan (both of which are referred to in this Notice as the “Plan”). Under the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”), the Plan is required by law to maintain the privacy of health information that identifies you called protected health information (“PHI”). The Plan is also required by law to provide you with notice of its legal duties and privacy practices regarding your PHI. The Plan is committed to the protection of your PHI and your privacy is a priority of the Plan.

If any of your group health benefits under the Plan are insured or are provided through a health maintenance organization (“HMO”), an additional notice regarding the insurance company or HMO’s privacy practices is required by law to be sent directly to you by the insurance company or HMO. Thus, in some circumstances you may receive more than one notice regarding privacy practices regarding your group health benefits.

PHI is any information that:

- is individually identifiable (*i.e.*, contains your name or other distinguishing information);
- is created, transmitted, or maintained by the Plan, whether in oral, written, or electronic form; and
- relates to (i) your past, present, or future physical or mental health or condition, (ii) the provision of healthcare to you, or (iii) the past, present or future payment for the provision of healthcare to you.

The Plan may use or disclose your PHI (including to the Plan Sponsor, Windstream Services, LLC) , as described below.

How The Plan May Use and Disclose Medical Information About You

The Plan may use or disclose PHI without an authorization in the following circumstances:

For Treatment: The Plan may use or disclose your PHI in connection with your medical treatment. For example, the Plan may disclose to your specialist the name of your primary care physician so that the specialist may request your medical records from your primary care physician.

For Payment: The Plan may use or disclose your PHI in connection with obtaining or arranging payment for your health care. This includes, but is not limited to, making coverage determinations and administering tasks such as billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review and preauthorizations. For example, the Plan may tell a hospital whether you are covered by the Plan or the percentage of your costs which will be paid by the Plan.

For Health Care Operations: The Plan may use or disclose your PHI in connection with the administration of health care under the Plan. Health care operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, activities relating to creating or renewing insurance contracts, and other administrative activities necessary to operate the Plan. For example, the Plan Administrator may examine claims history to project future benefit costs. However, the Plan may not use or disclose any PHI that is genetic information for purposes of underwriting.

To Family Members and Friends. In limited circumstances, the Plan may disclose PHI to your friends or family or members if: (1) you are present and do not object to the disclosure, or (2) you are not present and the Plan determines that the disclosure would be in your best interest.

To Business Associates. The Plan may disclose PHI to its business associates to perform certain plan administration functions. For example, business associates may include claims administrators, consultants, accountants and attorneys. Business Associates may receive, create, maintain, and/or disclose your PHI without your authorization, but only after the Business Associate agrees in writing with the Plan to limit its uses and disclosures to proper purposes and to implement appropriate safeguards regarding your PHI.

To Personal Representatives. The Plan may also disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, so long as you provide the Plan with a written notice or authorization and any supporting documents (*i.e.*, healthcare power of attorney or designation of personal representative). However, the Plan does not have to disclose information to a personal representative if the Plan has a reasonable belief that (1) you have been, or may be subjected to domestic violence, abuse or neglect by such person; (2) treating such person as your personal representative could endanger you; or (3) it is not in your best interest to treat the person as your personal representative.

To the Plan Sponsor. The Plan may disclose your PHI without your written authorization to Windstream Services, LLC (“Windstream”) to administer benefits under the Plan. Windstream agrees not to use or disclose your PHI other than as permitted or required by the Plan documents and by law. Windstream employees in the Corporate Benefits, Human Resources, Central Records, Informational Technology, and Payroll Departments who are involved in the administration of the Plan are the only Windstream employees who will have access to your PHI. They may use your PHI to perform Plan administration functions, including (but not limited to) enrollment, payroll deductions, evaluating potential new insurers or service providers to the Plan, assisting participants with claims disputes or questions, and coordinating COBRA continuation coverage. In addition, certain employees in the Procurement Department may conduct analysis using PHI data to determine global cost-saving opportunities for the Plan. You should know that Windstream cannot and will not use PHI obtained from the Plan for any employment-related actions. However, health information collected by Windstream from other sources (for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation) is *not* protected under HIPAA. This type of information may be protected under other federal or state laws.

In Additional Circumstances. Although less likely, the use or disclosure of your PHI is permitted without your written authorization under the following circumstances:

Required by law	When required by law.
Public health purposes	When permitted for certain public health purposes, such as product recalls and control of communicable diseases, or to otherwise prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
Victims of abuse, neglect or domestic violence	When authorized by law to report information about abuse, neglect, or domestic violence when the Plan reasonably believes you are a victim of abuse, neglect, or domestic violence and that the disclosure is necessary to prevent serious harm to you or other potential victims. Generally, you must be informed if the Plan makes a disclosure like this.
Public health oversight activities	To a public health oversight agency for oversight activities authorized by law, such as audits, investigations, inspections and licensure necessary for the government to monitor the health care system, government programs, and compliance.
Judicial and administrative proceedings	When required for judicial or administrative proceedings in response to a court or administrative order, or in response to a subpoena, discovery request or other lawful process, but if the requesting party is not the court, the requesting party must have made a good faith attempt to inform you of the proceeding and permit you to raise an objection or obtain an order protecting the information requested.
Law enforcement purposes	When required or permitted for law enforcement purposes or specialized government functions such as military activities.
Decedents	To coroners, funeral directors, and organ procurement organizations in accordance with such entities’ needs for PHI about a particular decedent.

Specialized government functions	To military command authorities and authorized officials for national security purposes, such as protecting the President of the United States, conducting intelligence, counter-intelligence, other national security activities and when requested by foreign military authorities (only in compliance with U.S. law) and to correctional institutions when requested by a correctional institution or law enforcement for health, safety and security purposes.
Research purposes	For research (subject to approval by institutional or private privacy review boards and subject to other certain conditions).
Workers' compensation	When authorized by and to the extent necessary to comply with a workers' compensation law or other similar programs established by law.
HHS investigations	When required by the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining compliance with the HIPAA Privacy Rule.

Uses and Disclosures that Require Your Authorization

Other than disclosures to you, the Plan will ask you for your written authorization before using or disclosing your PHI for any purpose not described above, including uses and disclosures of PHI for marketing purposes, disclosures that would constitute a sale of PHI, and most uses and disclosures of psychotherapy notes. If you signed an authorization form, you may revoke it in writing at any time, except to the extent that action has been taken in reliance on the authorization before the Plan Administrator received your written notice revoking your authorization.

Minimum Necessary Standard

The Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure, or request. The "minimum necessary" standard will not apply, however, to certain disclosures, such as disclosures of your PHI to you.

Your Rights Regarding Your PHI

You have certain rights with respect to your PHI, including:

Right to Inspect and Copy Your PHI. You have the right to inspect and receive a copy of your PHI that is used to make decisions about your treatment or payment for your care. For PHI for which you have a right of access, you have the right to receive your PHI in an electronic format if it is readily producible in such format, and to direct the Plan to transmit a copy of your PHI to an entity or person you designate, provided the designation is clear, conspicuous and specific. The Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend Your PHI. You have the right to request, in writing, that an amendment be made to your PHI if you believe any part of your PHI is incorrect or incomplete. Your request must include a reason to support your request. If your request is denied, the Plan will provide you with an explanation of the reason for the denial. The Plan may deny your request if you ask the Plan to amend information that: (i) is not part of the medical information kept by or for the Plan; (ii) was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is already accurate and complete. If the Plan denies your request for an amendment, you have the right to file a statement of disagreement with the Plan and any future disclosures of the disputed information will include your statement of disagreement.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of PHI made by the Plan. The accounting will not include disclosures (1) that were made for treatment, payment or health care operations purposes; (2) that were authorized by you; (3) that were made to friends or family members in your presence or because of an emergency; (4) that were made for national security purposes, or (5) that were incidental to otherwise permissible disclosures. Your request must be in writing and state a time period, which may not be longer than six (6) years nor start more than six (6) years before the date of your request. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first list you request within a 12 month period will be provided free of charge. Additional lists will be subject to a reasonable charge.

Right to Receive Notification of a Breach of Unsecured PHI. You have the right to receive notice if your unsecured PHI is disclosed in violation of HIPAA unless there is a low probability that the PHI has been compromised. If it is determined from the Plan's risk assessment that a breach has occurred, you will be notified without unreasonable delay and no later than 60 days after discovery of the breach. The notification will include information about what happened and what may be done to mitigate any harm.

Right to Request Restrictions. You have the right to request that the Plan limit the PHI the Plan uses or discloses about you for treatment, payment or healthcare operations. You also have the right to request a restriction or limit on your PHI that the Plan discloses to someone who is involved in your care or involved in the payment for your care, like a family member or friend. The Plan will consider your request, but it is not required to agree to your request for restrictions. To request restrictions, your request must be in writing and you must provide the Plan (i) with the information you want to limit; (ii) whether you want to limit the Plan's use, disclosures, or both; and (iii) to whom you want the limits to apply (for example: your spouse).

Right to Request Confidential Communications. You have the right to receive, upon your request, communications of your PHI in a confidential and alternative manner or at an alternative address if you would be endangered by the usual method of communication. To request PHI in a confidential and alternate way, you must make your request in writing and specify how or where you wish to be contacted. The Plan will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your PHI could endanger you. You do not have to provide the specific reason that you believe the disclosure of your PHI could endanger you.

Right to Receive a Paper Copy of this Notice of Privacy Practices. You have the right to receive a paper copy of this Notice of Privacy Practices at any time by contacting the Privacy Officer at the address or telephone number listed below. This Notice will also be posted on www.windstreambenefits.com under the "My Health" tab as "Summary Plan Descriptions".

Changes to this Notice of Privacy Practices

This Plan is required to abide by the terms of the Notice currently in effect. This notice takes effect on September 23, 2013. However, the Plan reserves the right to change the terms of this Notice of Privacy Practices and to the Plan's privacy policies from time to time. If the Plan makes a change, the Plan will post its revised Notice on www.windstreambenefits.com under the "My Health" tab as "Summary Plan Descriptions," and distribute the revised version of this Notice or information about the material change to affected individuals in the next annual mailing to participants.

Privacy Officer and Further Information

For more information about your rights described in this Notice of Privacy Practices, you may contact the HIPAA Privacy Officer, Windstream Benefits, at 4001 Rodney Parham Road, Mailstop 1170-B1F02-93, Little Rock, AR 72212, (501) 748-7000.

How to File a Complaint

If you have questions or comments about the Plan's Notice of Privacy Practices or have a complaint about the Plan's use or disclosure of your PHI or the Plan's privacy policies and procedures (including its breach notification policies and procedures), please submit your questions, comments or complaint in writing to the Privacy Officer at the address listed above.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by submitting a detailed written description of the issue to your regional Office for Civil Rights. Your description must name the covered entity (the Plan) and what action (or lack of action) you believe has violated HIPAA. Your complaint must be submitted within 180 days of when you knew or should have known of the issue, unless this deadline is waived by the Office for Civil Rights. You can find the address for your regional office at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

You will not be penalized or retaliated against for filing a complaint about the Plan's privacy practices.